

**3.3 ACCEPTANCE CRITERIA.** The following policies apply to donor and organ acceptance criteria:

- 3.3.1 Donor Acceptance Criteria.** Each organ procurement organization shall establish criteria defining what constitutes an acceptable deceased donor or organ for the OPO or the transplant program(s) it serves. Each OPO is required to offer organs to OPOs with more liberal criteria when, as the Host OPO, it chooses to reject a particular deceased donor.
- 3.3.2 Non-renal Organ Acceptance Criteria.** A transplant center may inform the Organ Center of the criteria according to which that transplant center will accept non-renal organs allocated through the Organ Center. The Organ Center will not subsequently offer that transplant center non-renal organs that fail to meet such criteria.
- 3.3.3 Renal Acceptance Criteria.** All renal transplant centers programs must inform the Organ Center submit their minimum renal acceptance criteria annually through UNet<sup>SM</sup> defining which import deceased donor kidneys will be offered to the program from non-local OPOs of the criteria according to which they will accept deceased kidneys allocated through the Organ Center. The Organ Center renal transplant program will not subsequently offer to that transplant center be offered import deceased kidneys that fail to meet the center's program's acceptance criteria. The renal acceptance criteria will not apply to import zero antigen mismatched kidney offers.

*NOTE: The amendments to Policy 3.3.3 (Renal Acceptance Criteria) shall be effective pending distribution of appropriate notice and programming in UNet<sup>SM</sup>. (Approved at the September 2007 Board of Directors Meeting)*

- 3.3.4 Antigen Mismatch Criteria.** A transplant center may specify the maximum number of mismatched antigens acceptable for any of its candidates. The Match System will then print only those candidates with a number of antigens mismatched with a donor equal to or less than such maximum mismatch criteria.
- 3.3.5 Transplant Recipient Backup for Organ Offers.** OPOs are encouraged to make backup offers for all organs. A backup offer shall be considered equivalent to an actual organ offer and the backup center shall have one hour to respond after receiving the minimum data required for an organ offer pursuant to Policies 3.5.9, 3.6.9, 3.7.12 and/or 3.8.5. Refusal to consider or respond to a backup offer will be considered as a refusal to accept the organ. The backup center may later refuse to accept the organ based on medical or logistical criteria. The backup center should be notified promptly of any change in donor status or organ disposition.
- 3.3.6 Center Acceptance of Organ Offers.** If an organ is offered and accepted without conditions, the Host OPO and intended recipient's transplant center shall be bound by this transaction unless there is mutual agreement on an alternative allocation of the organ.
- 3.3.6.1 Exception for DCD Donor who Converts to Brain Death After an Organ Offer has been Made.** When a DCD donor converts to brain death, the match system must be re-executed and organs must be allocated according to policies 3.5 - 3.11. Policy 3.6.5.1 does not apply when a DCD donor converts to brain death. Additionally, OPOs are encouraged to initiate allocation of organs that may have been ruled out due to the donor's DCD status (i.e. heart, lungs, pancreas).
- 3.3.6.1.1** The Host OPO may choose not to re-allocate organs from a DCD donor who converts to brain death in the following circumstances: 1) lack of donor family approval and consent; 2) donor instability; or 3) other extraordinary circumstances. The Host OPO must document the reason for not re-allocating organs when a DCD donor converts to brain death and make this documentation available upon request.

**3.3.7 Center Acceptance and Transplant of Organs from Living Donors.** Transplant centers that perform living donor transplants must only accept and transplant living donor organs recovered at OPTN member transplant hospitals.